

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A & R		C9-CF-CI
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MHD	579	10/18/01
RESPONSE FORMALITY REVIEW	H-S	866	03-27-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	11/11/02
2	✓
3	✓
4	✓
5	N
6	
7	
8	
9	
10	N
11	✓✓✓
12	N
13	N
14	N
15	✓✓
16	✓✓
17	N
18	N
19	
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21	
22	
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37	
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39	
40	
41	N
42	N
43	✓✓
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	
Original	
51	N N
52	N N
53	N
54	✓✓
55	N
56	N
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64	N
65	N
66	N
67	N
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85	O O
86	O O
87	✓✓
88	V
89	V
90	✓
91	O
92	O
93	O
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Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

JC - 571  
03/27/02If more than 150 claims or 10 actions  
staple additional sheet her

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